

<i>SERFF Tracking Number:</i>	<i>STFH-126739098</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Mutual Automobile Insurance Company</i>	<i>State Tracking Number:</i>	<i>46394</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H15I Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H15I.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>PPACA</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: State Farm Mutual Automobile Insurance Company

Product Name: PPACA

SERFF Tr Num: STFH-126739098 State: Arkansas

TOI: H15I Individual Health -

SERFF Status: Closed-Approved- State Tr Num: 46394

Hospital/Surgical/Medical Expense

Closed

Sub-TOI: H15I.001 Health -

Co Tr Num:

State Status: Approved-Closed

Hospital/Surgical/Medical Expense

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Barb Metz, Sandy Barnes, Disposition Date: 08/09/2010

Jennifer Soucek, Julia Weber

Date Submitted: 08/04/2010

Disposition Status: Approved-Closed

Implementation Date Requested: 09/23/2010

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/09/2010

Explanation for Other Group Market Type:

State Status Changed: 08/09/2010

Deemer Date:

Created By: Jennifer Soucek

Submitted By: Jennifer Soucek

Corresponding Filing Tracking Number:

PPACA: Grandfathered Immed Mkt Reforms

Filing Description:

Patient Protection and Affordable Care Act of 2010 Grandfathered Individual Policy Rider

Enclosed for filing on behalf of the State Farm Mutual Automobile Insurance Company of Bloomington, Illinois is the referenced form. This form is to be used to satisfy the Patient Protection and Affordable Care Act of 2010 effective

SERFF Tracking Number: *STFH-126739098* State: *Arkansas*

Filing Company: *State Farm Mutual Automobile Insurance* State Tracking Number: *46394*

Company

Company Tracking Number:

TOI: *H151 Individual Health -* Sub-TOI: *H151.001 Health - Hospital/Surgical/Medical*

Hospital/Surgical/Medical Expense *Expense*

Product Name: *PPACA*

Project Name/Number: */*

September 23, 2010.

This rider will be attached to the policy forms noted on the attached Health Form List.

Readability: PPACA - Federally mandated language.

Company and Contact

Filing Contact Information

Julie Weber, Analyst - Contracts & Compliance julia.weber.gwsx@statefarm.com

One State Farm Plaza 309-763-2883 [Phone]

Bloomington, IL 61710-0001 309-766-8483 [FAX]

Filing Company Information

State Farm Mutual Automobile Insurance CoCode: 25178 State of Domicile: Illinois

Company

One State Farm Plaza Group Code: Company Type:

Bloomington, IL 61710-0001 Group Name: State ID Number:

(309) 735-2447 ext. [Phone] FEIN Number: 37-0533100

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: \$50.00 per form x 1 form = \$50.00

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Mutual Automobile Insurance	\$50.00	08/04/2010	38513155
Company			

<i>SERFF Tracking Number:</i>	<i>STFH-126739098</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Mutual Automobile Insurance Company</i>	<i>State Tracking Number:</i>	<i>46394</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>PPACA</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/09/2010	08/09/2010

<i>SERFF Tracking Number:</i>	<i>STFH-126739098</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Mutual Automobile Insurance Company</i>	<i>State Tracking Number:</i>	<i>46394</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H15I Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H15I.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>PPACA</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 08/09/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

State: *Arkansas*

State Tracking Number: 46394

Company Tracking Number:

Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name: PPACA

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Health Form List	Approved-Closed	Yes
Form	Patient Protection and Affordable Care Act of 2010 Grandfathered Individual Policy Rider	Approved-Closed	Yes

SERFF Tracking Number: STFHH-126739098 State: Arkansas

Filing Company: State Farm Mutual Automobile Insurance State Tracking Number: 46394

Company Tracking Number:

TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical

Product Name: PPACA Expense

Project Name/Number: /

Form Schedule

Lead Form Number: 99713

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Status							
Approved-Closed	99713	Policy/Cont	Patient Protection	Initial		0.000	PPACA
08/09/2010			ract/Fratern and Affordable Care				Amend. Rider
			al Act of 2010				99713.pdf
			Certificate: Grandfathered				
			Amendmen Individual Policy				
			t, Insert Rider				
			Page,				
			Endorseme				
			nt or Rider				

**PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010
GRANDFATHERED INDIVIDUAL POLICY RIDER**

The policy, to which this rider is attached and becomes a part, is amended as stated below.

A new section titled "Patient Protection and Affordable Care Act" is hereby added to the policy as follows:

PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010

Effective September 23, 2010, some of the benefits, terms, conditions, limitations, and exclusions contained in your policy will change as a result of the Patient Protection and Affordable Care Act of 2010. Notwithstanding any other provision of your policy, the provisions below shall apply. In the event of a conflict between the provisions of any other section of your policy and the provisions of this rider, the provisions of this rider shall prevail.

Definitions

"Patient Protection and Affordable Care Act of 2010" means the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

Lifetime Dollar Limits

Health benefits provided within your policy, are not subject to a lifetime dollar maximum.

Rescissions

We may not void your policy based on a misrepresentation by you unless you have performed an act or practice that constitutes fraud; or made an intentional misrepresentation of material fact as prohibited by the terms of your policy.

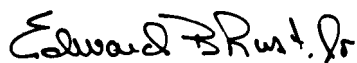
Extension of Coverage to Dependents

Notwithstanding the requirements described in the eligibility or covered persons section of your policy, a child in your family is eligible to become a covered person if the child: 1) is under age 26, and 2) is related to you by one of the relationships listed in your policy, except that a child's marital status will not be considered in determining eligibility for initial or continued coverage.

EFFECTIVE DATE

This rider shall become effective on the date specified in the Policy Schedule and shall terminate concurrently with the policy.

Issued by the STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY, of Bloomington, Illinois



President



Secretary

<i>SERFF Tracking Number:</i>	<i>STFH-126739098</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Mutual Automobile Insurance Company</i>	<i>State Tracking Number:</i>	<i>46394</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>PPACA</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	08/09/2010
Comments: PPACA - Federally mandated language.		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	08/09/2010
Comments: Not needed for this filing.		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Approved-Closed	08/09/2010
Comments: Not needed for this filing.		

	Item Status:	Status Date:
Satisfied - Item: PPACA Uniform Compliance Summary	Approved-Closed	08/09/2010
Comments:		
Attachment: PPACA Uniform Compliance Summary.pdf		

	Item Status:	Status Date:
Satisfied - Item: Health Form List	Approved-Closed	08/09/2010
Comments:		

<i>SERFF Tracking Number:</i>	<i>STFH-126739098</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Mutual Automobile Insurance Company</i>	<i>State Tracking Number:</i>	<i>46394</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H15I Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H15I.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>PPACA</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Attachment:
Health Form List.pdf

PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

☐ INDIVIDUAL HEALTH BENEFIT PLANS (Complete [SECTION A](#) only)

☐ SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

***For all filings, include the Type of Insurance (TOI) in the first column.**

☐ Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services. Explanation: Page Number:	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. Explanation: Page Number:	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Appeals Process – Requires establishment of an internal claims appeal process and external review process. Explanation: Page Number:	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level. Explanation: Page Number:	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

Company: State Farm Mutual Automobile Ins. Co. **Company FEIN:** 37-05-33100

Company Filing Number: _____

SERFF Filing Number (if applicable): STFH - 126739098

(Please list all forms to which the filed endorsement will be applied.)

Form Number(s): 97047AR

Form Title(s): Basic Hospital-Surgical Policy

Form Number(s): 97001

Form Title(s): Hospital - Surgical Policy

Form Number(s): 97013

Form Title(s): Hospital - Surgical Policy

Form Number(s): 97023

Form Title(s): Hospital - Surgical Policy

Form Number(s): _____

Form Title(s): _____

Form Number(s): _____

Form Title(s): _____

Form Number(s): _____

Form Title(s): _____

Form Number(s): _____

Form Title(s): _____

Form Number(s): _____

Form Title(s): _____

Form Number(s): _____

Form Title(s): _____

Form Number(s): _____

Form Title(s):

Form Number(s): _____

Form Title(s):

Form Number(s): _____

Form Title(s):

Form Number(s): _____

Form Title(s):

Form Number(s): _____

Form Title(s):

Form Number(s): _____

Form Title(s):

Form Number(s): _____

Form Title(s):